

# Commonwealth of Massachusetts

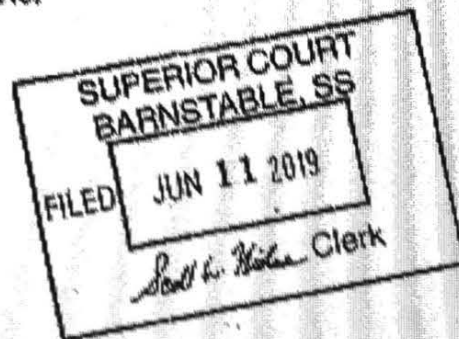
BARNSTABLE, ss.

SUPERIOR COURT  
DEPARTMENT  
OF THE TRIAL COURT  
Docket No.

FRANCIS DEMELLO, BY MARY ANN DEMELLO,  
POWER OF ATTORNEY,  
Plaintiff,

v.

JILL MORROW-GORTON,  
ACTING CHIEF MEDICAL OFFICER,  
MASSHEALTH, EXECUTIVE OFFICE OF  
HEALTH AND HUMAN SERVICES,  
Defendant.



## COMPLAINT PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPTER 30A

### I. PARTIES

1. The Plaintiff, Francis DeMello, has resided at Wareham HealthCare and Rehabilitation, 50 Indian Neck Road, Wareham, MA 02571 since December 15, 2018. His wife and Power of Attorney, Mary Ann DeMello, resides at 13 Holiday Lane, Dennisport, MA 02639.
2. The Defendant, Jill Morrow-Gorton, is the Acting Chief Medical Officer of MassHealth, Executive Office of Health and Human Services, One Ashburton Place, 11<sup>th</sup> Floor, Boston, MA 02108, an agency of the Commonwealth of Massachusetts, (hereinafter referred to as "Acting Chief Officer"), which is responsible for the administration of the MassHealth program for the Commonwealth of Massachusetts.

### II. JURISDICTION and PROCEDURE

3. This appeal is brought pursuant to Massachusetts General Laws c. 30A in which Francis DeMello, by his Power of Attorney Mary Ann DeMello, appeals from an adverse decision of the Defendant Acting Chief Officer dated May 15, 2019 (see Decision attached hereto as "Exhibit A").

### III. STATEMENT OF FACTS

4. On or about October 19, 2018, Mary Ann DeMello, Power of Attorney for Francis DeMello, filed an application for MassHealth long-term care on behalf of Francis.

Francis presently resides at Wareham HealthCare, 50 Indian Neck Road, Wareham, MA 02571.

5. The requested start date for the MassHealth long-term care benefits was on or about December 15, 2018.
6. On or about February 12, 2019, the Defendant approved the MassHealth application and assigned a patient paid amount (PPA) of \$3,756.86 (see Notice attached hereto as "Exhibit B"). MassHealth further assigned in the same notice a community spouse's minimum monthly maintenance needs allowance (MMMNA) of \$2,758.06. Mary Ann filed a timely appeal on grounds of a disputed allowance amount (see Fair Hearing Request Form attached hereto as "Exhibit C").
7. The issues regarding this appeal are 1.) whether or not the amount of assistance afforded to the spouse in order to remain in the community (the MMMNA amount) was correctly calculated under the provisions of 130 CMR 520.017; and 2.) does Mary Ann's economic situation amount to exceptional circumstances resulting in financial duress absent an adjustment to the MMMNA (see 130 CMR 520.017(D) attached hereto as "Exhibit D").
8. According to Mary Ann's personal letter and monthly bills (attached hereto as "Exhibit E"), the Plaintiff cannot afford to pay both the PPA for Francis DeMello and her own reasonable personal expenses.
9. In order to address the costs and remit payment on the PPA and her own living expenses, Mary Ann has had to draw from her equity line with Citi Bank (see statement attached hereto as "Exhibit F"). Further, the denial did not accurately state the amount of the first mortgage.
10. A hearing was held on May 7, 2019 to review the PPA for Francis DeMello and the MMMNA for Mary Ann DeMello. The Defendant issued a denial (attached hereto as "Exhibit A") on May 15, 2019.

#### IV. ARGUMENT

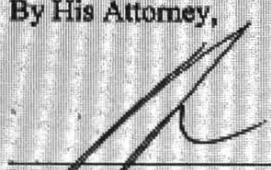
11. The Defendant's denial ("Exhibit A") is in direct conflict with M.G.L. Chapter 118E, as well as the Defendant's regulations.
12. The Defendant's denial ("Exhibit A") is:
  - (a) Based upon an error of law;
  - (b) Unsupported by substantial evidence;
  - (c) Arbitrary or capricious, an abuse of discretion, or otherwise not in accordance with applicable law.



Wherefore the Plaintiff prays this Honorable Court to:

1. Increase the MMMNA afforded to Mary Ann DeMello to \$3,800.00, commensurate with her expenses detailed in "Exhibit E"; and
2. Grant the Plaintiff such other and further relief as may be just and equitable.

Plaintiff,  
By His Attorney,



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Matthew J. Dupuy  
BBO# 139000  
Ardito, Sweeney, Stusse,  
Robertson & Dupuy, P.C.  
25 Mid-Tech Drive  
West Yarmouth, MA 02673  
(508) 775-3433

**Dated:** June 10, 2019





**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

Francis DeMello  
c/o Maryann DeMello  
13 Holiday Lane  
Dennisport, MA 02639

**Appeal Decision:** Denied

**Appeal Number:** 1904039

**Decision Date:**

MAY 15 2019

**Hearing Date:**

May 7, 2019

**Hearing Officer:**

Stanley M.  
Kallianidis

**Appellant Representative:**

Maryann DeMello

**MassHealth Representative:**

Clarisse Botelho, Taunton



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02271*



## APPEAL DECISION

Appeal Decision	Denied	Issue	Increased Spousal Allowance
Decision Date	MAY 15 2019	Hearing Date	May 7 2019
MassHealth Rep	Clarisse Botelho	Appellant Representative	Spouse

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated February 12, 2019, MassHealth approved the appellant's MassHealth application as of December 15, 2018 and assigned a patient paid amount (PPA) of \$3,756.86 (Exhibit 1). The appellant filed this appeal in a timely manner on February 26, 2019 see 130 CMR 610.015 and Exhibit 2). A dispute over the amount of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant's MassHealth application and assigned a PPA of \$3,756.86.

### Issue

The appeal issue is whether the community spouse is entitled to an increase in the spousal maintenance needs allowance, based on exceptional circumstances, as defined in 130 CMR 520.017(D).



## Summary of Evidence

The MassHealth representative testified that the appellant applied for MassHealth on October 19, 2018 with a requested start date of December 15, 2018 (Exhibit 3). The community spouse's minimum monthly maintenance needs allowance (MMMNA) was calculated to be \$2,758.06. This was based upon a mortgage of \$499.08, taxes and insurance of \$175.98 and the standard of \$643.00 for utilities. Her excess shelter costs were \$700.06 as this was the amount her total shelter expenses of \$1,318.06 were over the \$618.00 standard. Her MMMNA of \$2758.06 was then determined by taking the \$700.06 excess shelter cost and adding the federal allowance of \$2,058.00 (Exhibit 4).

The community spouse's income totaled \$1,802.72 and was from pension and earnings (Exhibit 4). The difference from the MMMNA of \$2,758.06, or \$955.34, was the allowable spouse-in-home deduction (Exhibit 4). This figure, along with the standard \$72.80 personal needs allowance (PNA), and \$162.47 for health insurance, was deducted from the appellant's income of \$4,947.47, resulting in a PPA of \$3,756.86 (Exhibit 1).

The appellant's community spouse testified that she cannot afford to pay her monthly bills along with the PPA of \$3,756.86. She submitted an inclusive list of her monthly bills into evidence along with a personal letter (Exhibit 5). The list totaled \$2,443.80 and included expenses for shelter, utilities, food, car expenses, medical expenses including her husband's PNA, and a home equity line of credit. The community spouse testified that the home equity line of credit was taken out to pay for her husband's medical bills and for home repairs (Exhibit 5).

## Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant applied for MassHealth on October 19, 2018 with a requested start date of December 15, 2018 (Exhibit 3).
2. The community spouse's minimum monthly maintenance needs allowance (MMMNA) was calculated to be \$2,758.06 (Exhibit 4).
3. The community spouse's income totaled \$1,802.72 and was from pension and earnings (Exhibit 4).
4. The standard \$72.80 personal needs allowance, \$162.47 for health insurance, and a spouse-in-home deduction of \$955.34 were deducted from the appellant's income of \$4,947.47, resulting in a PPA of \$3,756.86 (Exhibit 1).



5. The community spouse's inclusive list of her monthly bills totaled \$2,443.80 and included expenses for shelter, utilities, food, car expenses, medical expenses including her husband's PNA, and a home equity line of credit (Exhibit 5).

## Analysis and Conclusions of Law

130 CMR 520.017(D) allows for either spouse to appeal the calculation of income available to the community spouse and request an increase in the spousal maintenance needs allowance based on exceptional circumstances. Exceptional circumstances exist when there are circumstances other than those already taken into account in establishing the maintenance standard for the community spouse under 130 CMR 520.026(B) and these circumstances result in significant financial duress. Since the federal standards used in calculating the MMMNA cover such necessities such as food, shelter, clothing, and utilities, exceptional circumstances are limited to those necessities that arise from the medical condition, frailty or similar special needs of the community spouse. Such necessities include, but are not limited to, special housing and extraordinary uncovered medical expenses. Such expenses generally do not include car payments, even if the car is used for transportation to medical appointments, or home maintenance expenses such as security systems and lawn care.

In the instant case, the community spouse is claiming that she cannot afford to pay her monthly expenses along with the appellant's PPA of \$3,756.86. The PPA already has an allowance for a spouse in the home, however, and such a spousal deduction by regulation is based upon the difference of the MMMNA and income of the community spouse. The MMMNA was calculated to be \$2,758.06 and the community spouse's income totaled \$1,802.72. The shortfall resulted in a spousal deduction of \$955.34. There was no dispute in the method or manner in which the community spouse's MMMNA was calculated.

As grounds for requesting an increased MMMNA, the community spouse is claiming monthly inclusive living expenses of \$2,443.80. However, this figure includes \$72.80 for her husband's PNA which has already been deducted from her husband's income. Therefore it cannot be part of her expenses. This brings her total monthly expenses to \$2,371.00, and includes car and home equity expenses which are generally not allowed. However, even allowing for everything in the community spouse's list, her expenses of \$2,371.00 are still less than the allotted \$2,758.06 MMMNA. Without a higher requested MMMNA than the one already given, the community spouse would not be entitled to a greater spousal deduction than the one already provided, \$955.34.

In summary, because the community spouse has not demonstrated that her actual monthly expenses exceed her allowable MMMNA, she is not entitled to any more of the appellant's monthly net income.

The appeal is therefore denied.


1003-23 2017 0-7200 10 0000

## Order for MassHealth

None.

## Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Stanley M. Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Taunton MEC



EDMC  
P.O. BOX 4405  
TAUNTON MA 02780-0968

Commonwealth of Massachusetts  
Executive Office  
and Human Services  
Office of Medical  
www.mass.gov/mass

EXHIBIT

B

Worker Name: Clarisse Botelho  
Tel: (508) 828-4705  
TTY: (888) 665-9997  
Fax: (857) 323-8300

Reference : 31801734567107

576/APPR \*000321\*  
FRANCIS J DEMELLO  
13 HOLIDAY LANE  
DENNISPORT MA 02639

Attn: FRANCIS J DEMELLO Re: Notice sent to FRANCIS J DEMELLO

Date: 02/12/2019

Notice: 60160962

SSN: XXX-XX-5671

Dear FRANCIS DEMELLO,

MassHealth Long-Term-Care Services in a Nursing Facility

MassHealth has decided that you are eligible for MassHealth Standard benefits to cover your care in a nursing facility. Your eligibility begins on 12/15/2018.

What Happens Next?

Starting in 12/15/2018, you will owe your nursing facility \$3,756.86 every month to help pay for your care. Your nursing facility will bill you \$3,756.86 every month. This is called your "Patient Paid Amount." At the end of this notice, you can see how we determined your Patient Paid Amount.

You may keep \$2000.00 in assets in your own name. This means that any remaining assets that you hold jointly with your spouse must now be placed in your spouse's name only. You have the next 90 days from the date of this notice to provide proof to your worker that you have done so. Any assets that are still in your name after 90 days from the date of this notice will be used in determining your continued eligibility.

continued...

**Reporting Changes**

You must tell MassHealth about certain changes that could affect your coverage. These include any changes in income, family size, employment, student status, disability status, health insurance, address, and immigration status. This will let us determine the most complete coverage you can get. Address changes are needed so you will get notices about your benefits. Once a change occurs, please report the change to MassHealth within 10 days or as soon as possible.

For information about appealing our decisions, see the Request for a Fair Hearing page of this notice.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the MassHealth booklet, please call to request one. It has important information about MassHealth coverage and rules.

**How We Determined Your Monthly Patient Paid Amount (PPA):**

**Countable Income:**

Earned Income:	0.00
Social Security/Railroad Retirement:	430.00
Annuity:	0.00
Pension:	4,517.47
Veteran's Pension:	0.00
Other:	0.00
<b>Total Countable Income:</b>	<b>4,947.47</b>

**Allowances:**

Personal Needs Allowance:	72.80 ✓
Amount to Maintain Home:	0.00
Spouse In Home:	955.34
Family Members In Home:	0.00
Medicare:	0.00
Other Health Insurance:	162.47 ✓
Guardianship Fees and Expenses:	0.00
Other Medical Expenses:	0.00
<b>Total Allowances:</b>	<b>1,190.61</b>
<b>Net Countable Income:</b>	<b>3,756.86</b>
<b>Amount You Pay Nursing Facility:</b>	<b>3,756.86</b>



MAY 23 2019 01:43PM IN DEPT

EXHIBIT  
C

deaf, hard of hearing, or speech disabled) before the fair hearing.  
MassHealth case file is not kept at the Board of Hearings.

Your Right to Ask to Subpoena Witnesses, and Your Right to Question, you or your representative may write to the Board of Hearings to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and cross-examine witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the fair hearing.

**NONDISCRIMINATION NOTICE FOR APPLICANTS AND MEMBERS:** Under federal and state law, MassHealth does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, health status, or handicap.

Name: FRANCIS DEMELLO SSN: XXX-XX-5671 Reference: 31801734567107  
Notice: 60160962 Notice Date: 02/12/2019

\*\*\* Mail or Fax this form \*\*\*

**FAIR HEARING REQUEST FORM**

Fill out all sections that apply. Print clearly.

**SECTION I: Applicant/Member Information**

Name of Applicant or Member: Francis J Demello  
Address: 13 Hamilton Lane Dorchester, Mass 02639  
Telephone No.: (778) 944-0061  
MassHealth I.D. or Social Security Number: 017-34-5671  
Cardholder's Name on MassHealth card (if different): \_\_\_\_\_

**SECTION II: Reason for Appeal**

I, Mary Ann Demello, want a fair hearing because,  
Patent Case Cost is too high. The amount to maintain home is not enough. I have a message from equity bank I had Mary request to maintain home  
Signature: [Signature] Date: 2/12/19

**SECTION III: Appeal Information**

(Check the boxes that apply to you.)

- ☐ A. I do not want to keep getting MassHealth during the appeal process.
- ☒ B. I want an expedited hearing.
- ☐ C. I need an interpreter  
(what language?: \_\_\_\_\_) to be provided by the Board of Hearings.
- ☐ D. I need an assistive device to be provided by the Board of Hearings.  
(Describe what type of assistive device you need. For example: American Sign Language): \_\_\_\_\_

**SECTION IV: Appeal Representative, if any**

My appeal representative is: Mary Ann Demello  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: ( ) \_\_\_\_\_



Trans. by E.L. 213  
Rev. 01/01/14

MASSHEALTH  
FINANCIAL ELIGIBILITY

Chapter 520  
Page 520.017 (1 of 2)

520.017: Right to Appeal the Asset Allowance or Minimum-Monthly-Maintenance-Needs Allowance

(A) Request for an Adjustment to the Community Spouse's Asset Allowance. After the institutionalized spouse has applied for MassHealth Standard and has received a notice of approval or denial for MassHealth Standard, either spouse may appeal to the Office of Medicaid Board of Hearings to request an adjustment to the asset allowance. The purpose of the adjustment is to generate sufficient income, as determined by the MassHealth agency, for the community spouse to remain in the community.

(B) Minimum-Monthly-Maintenance-Needs Allowance. The minimum-monthly-maintenance-needs allowance is the amount needed by the community spouse to remain in the community. This amount is based on a calculation that includes the community spouse's shelter and utility costs in addition to certain federal standards, in accordance with 130 CMR 520.026(B)(1).

(C) Adjustment of the Amount of Asset Allowance. If either spouse claims at a fair hearing that the amount of income generated by the community spouse's asset allowance as determined by the MassHealth agency is inadequate to raise the community spouse's income to the minimum-monthly-maintenance-needs allowance, the fair-hearing officer determines the gross income available to the community spouse as follows.

(1) The fair-hearing officer determines the gross amount of income available to the community spouse. The fair-hearing officer includes the amount of the income that would be generated by the spouse's asset allowance if \$10,000 of the asset allowance were generating income at an interest rate equal to the deposit yield quoted in the Bank Rate Monitor Index as of the hearing date for money market accounts, and if the remainder of the spouse's asset allowance were generating income at an interest rate equal to the highest deposit yield quoted in the Bank Rate Monitor Index as of the hearing date for any term not to exceed two and one-half years.

(2) If the community spouse's gross income under 130 CMR 520.017(C)(1) is less than the minimum-monthly-maintenance-needs allowance (MMMNA), then the fair-hearing officer allows an amount of income from the institutionalized spouse (after the personal-needs deduction described in 130 CMR 520.026(A)) that would increase the community spouse's total income to equal, but not to exceed, the MMMNA. 130 CMR 520.017(C)(2) applies to all hearings held on or after September 1, 2003, regardless of the date of application.

(3) If after the fair-hearing officer has increased the community spouse's gross income under 130 CMR 520.017(C)(1) and (2), the community spouse's gross income is still less than the MMMNA, then the fair-hearing officer increases the community spouse's asset allowance by the amount of additional assets that, if generating income at an interest rate equal to the highest deposit yield in the Bank Rate Monitor Index as of the hearing date for any term not to exceed two and one-half years, would generate sufficient income to raise the income total to the MMMNA.



Trans. by E.L. 213  
Rev. 01/01/14

MASSHEALTH  
FINANCIAL ELIGIBILITY

Chapter 520  
Page 520.017 (2 of 2)

(D) Adjustment to the Minimum-Monthly-Maintenance-Needs Allowance Due to Exceptional Circumstances. After the institutionalized spouse has received notice of either approval or denial for MassHealth Standard, either spouse may appeal to the Office of Medicaid Board of Hearings the calculation of income available to the community spouse and request an increase in the MMMNA, based on exceptional circumstances, as defined in 130 CMR 520.017(D)(1).

(1) Exceptional Circumstances. Exceptional circumstances exist when there are circumstances other than those already taken into account in establishing the maintenance standards for the community spouse under 130 CMR 520.026(B) and these circumstances result in significant financial duress. Since the federal standards used in calculating the MMMNA cover such necessities as food, shelter, clothing, and utilities, exceptional circumstances are limited to those necessities that arise from the medical condition, frailty, or similar special needs of the community spouse. Such necessities include, but are not limited to, special remedial and support services and extraordinary uncovered medical expenses. Such expenses generally do not include car payments, even if the car is used for transportation to medical appointments, or home-maintenance expenses such as security systems and lawn care.

(a) In determining an increased MMMNA, the fair-hearing officer ensures that no expense (for example, for food or utilities) is counted more than once in the calculation.

(b) If the community spouse lives in an assisted-living facility or similar facility and requests an increase in his or her minimum-monthly-maintenance-needs allowance, the fair-hearing officer reviews the housing agreement, service plan, fee schedule, and other pertinent documents to determine whether exceptional circumstances exist. Additional amounts are allowed only for specific expenses necessitated by exceptional circumstances of the community spouse and not for maintaining any pre-set standard of living.

(2) Determination of Increase for Exceptional Circumstances. If the fair-hearing officer determines that exceptional circumstances exist, the fair-hearing officer may increase the community spouse's MMMNA to meet the expenses caused by the exceptional circumstances as follows.

(a) The fair-hearing officer first verifies that the calculation of the gross income of the community spouse in determining the existing spousal-maintenance-needs deduction includes the income generated by the community spouse's asset allowance. If the community spouse has no assets remaining from the allowance, he or she must verify the dollar amount of the remaining assets, if any, and how the money was spent. The fair-hearing officer considers how the assets were spent in determining whether or not significant financial duress exists.

(b) The fair-hearing officer determines the revised MMMNA by including in the calculation the amount needed to meet the exceptional circumstances.

(c) The fair-hearing officer compares the revised MMMNA to the community spouse's total income. If the community spouse's total income is less than the amount of the revised MMMNA, the fair-hearing officer first deducts the personal-needs allowance from the institutionalized spouse's countable-income amount and then a spousal-maintenance-needs deduction needed to reach the revised MMMNA.



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EXHIBIT

E

Mary Ann DeMello  
13 Holiday Lane  
Dennisport, MA 02  
Reference: 318017345671  
04/25/2019

Commonwealth of Massachusetts  
Executive Office of Health and  
Human Services  
Office of Medicaid  
21 Spring Street  
Taunton, MA 02780  
ATT: Clarisse Botelho

Dear Clarisse Botelho:

Enclosed is a spreadsheet of my monthly expenses. These expenses exceed my monthly maintenance allowance. I was informed that the minimum allowance has gone up to \$2057.00 and the maximum is \$3160.00.

In order to pay for my husband's care in the last two months, I have had to take funds from my home equity loan and for this month I have paid about half of the amount and will pay the balance when his pension check comes in May. According to your figures, this will leave me an unpaid balance of \$10,000.00.

Also the business office at the facility where my husband is being cared for, informed me that since my husband entered from the community and not from another facility, the fee for December should be waived. Since it was only a trial period and I was not sure the facility would be a good fit.

This transition has been a terrible emotional ordeal for both my husband and I. Therefore we had to be counseled. Thus the reason for the enclosed bills. I am also seeing a therapist and have enclosed these bills as well.

The rest are maintenance of my home. These include roofing, painting, gutters, cabinetry, tiles, etc. I have also included my dentist bill and a bill for a lost hearing aid which was lost at the facility.

In light of these facts, I would like you to re-open my husband's case and reconsider the patient paid amount. This will hopefully avoid the need for an appeal which is scheduled for May 7 at 10 AM in room 1 of your Taunton Office.

Please call me at your earliest convenience regarding this matter.

Sincerely,

Mary Ann DeMello  
774-994-0061



**Income:****Monthly**

Current allowance

2500

**Total**

1,190

**3,690****Bills:**

Mortgage (Citibank)

678.82

71,221

Home Equity Loan (TD Bank)

200

41,216

Town Of Dennis Real Estate Taxes

110.6 332.71/Quarter

Gas

83.3

Electricity

179.18

House Insurance

119

Verizon Wireless

100

Trash Disposal

53.5

Car Insurance

116.6

Care Credit (crown)

150

1798

Weekly Therapy (copays)

80

Personal Needs Allowance (Francis)

72.8

**Total****1943.8**

# Mortgage Account Information

EXHIBIT

F

Account Number: 1123332371-3  
 Payment Due Date: 08/01/17  
 Amount Due: \$673.72  
 \$14.97 late fee will be charged after 08/16/17.

Statement Date: 07/03/17

How to reach us

www.citi mortgage.com

Customer Service: 1-800-283-7918\*

Please reference your account number 1123332371 when calling.  
 \*Calls are randomly monitored and recorded to ensure quality service.

## Explanation of Amount Due

Principal	\$283.83
Interest	\$215.16
Escrow	\$174.64
<b>Total Amount Due</b>	<b>\$673.72</b>

## Account Information

FRANK J DEMELLO  
 MARY ANN DEMELLO  
 Property Address: 13 HOLIDAY LN  
 DENNIS PORT, MA 02639

Type of Mortgage: FIXED RATE LOAN  
 Outstanding Principal Balance: \$71,221.67  
 Interest Rate: 3.82500%  
 Escrow Balance: \$873.14  
 Citi Mortgage Taxes Paid Year to Date: \$572.69

## Past Payments Breakdown

	Paid Since Last Statement	Paid Year to Date
Principal	\$283.08	\$1,983.72
Interest	\$216.00	\$1,529.84
Escrow	\$179.74	\$1,258.16
<b>Total</b>	<b>\$678.82</b>	<b>\$4,751.74</b>

## Transaction Activity Since Last Statement (06/02/17 to 07/03/17)

Date	Description	Charges/Adjustments	Payments
06/18/17	Escrow Analysis Refund		\$86.00
07/01/17	Payment Amount Received - Thank you		\$678.82

Important messages continued on the next page

To ensure timely processing, please enclose your check and the coupon below in the envelope provided.



P.O. Box 6243  
 Sioux Falls, SD 57117-6243

Mortgage Statement  
 Enclosed

Account Number: 1123332371-3

Total Amount Due by 08/01/17: \$673.72

\$14.97 late fee will be charged after 08/16/17.

Please designate how you want us to apply any additional funds. Undesignated additional funds are applied in the following order: 1) late charges and/or fees, 2) principal. Once paid, additional funds cannot be returned.  
 Do not include cash or account inquiries with your payment.  
 Please see reverse side for mailing address and phone number changes.

Additional Principal	\$	
Additional Escrow	\$	
Additional Late Charges	\$	
Additional Monthly Payment	\$	
<b>Total Amount Enclosed</b>	<b>\$</b>	

00317914 1 26416377 DTF 00017814



FRANK J DEMELLO  
 MARY ANN DEMELLO  
 PO BOX 817  
 DENNIS PORT MA 02638-0817

The amount of \$673.72 will be automatically deducted on 08/01/17 or the next business day.

This is not a bill. Please detach the coupon unless you are making additional principal, escrow or fee payments.